

More Verdicts ON THE WEB

Child is born with CP after mother is administered oxytocin—did they settle? Read this and more “Medical Verdicts” at obgmanagement.com

Several attempts, then laceration is repaired

A 45-year-old patient underwent a total abdominal hysterectomy. Near the end of the surgery, the nurse anesthetist noticed blood in the tubing of the urinary catheter bag, which the physician deemed a result of traumatic catheterization at the beginning of the procedure.

Despite the continued presence of blood in the urine and urinary leakage, a 4- to 5-cm laceration at the base of the bladder was not detected for 2 days. A vesicovaginal fistula developed. Over 8 months, several attempts to close the fistula surgically were unsuccessful. Eventually, it was repaired, and the patient has had no further leaks.

Patient's claim Failure to detect and repair the laceration in a timely manner caused the fistula to develop. This condition lasted about 8 months.

Doctor's defense The location of the laceration was difficult to find. Once it was discovered, the proper treatment was to drain the bladder with a catheter and wait several weeks to see if it could heal on its own. There was no reason for the repair attempts to fail.

Verdict \$300,000 Illinois verdict.

Pain “like childbirth” is due to retained sponge

A 21-year-old woman suffered a perineal–vaginal tear during childbirth. This was repaired following delivery. A surgical sponge was inserted into the vagina to absorb blood during the repair. Two days later, the patient was discharged from the hospital and sent home.

Two days after that, she experienced

pressure in the pelvic area that she likened to childbirth. When she felt something move inside her, she feared she was about to give birth to a second baby. She went to the emergency room, where the presence of the sponge was detected. According to the patient's mother, who was also present, the pain was relieved almost instantly when the sponge was removed. In a phone call to the patient's mother the next morning, the physician admitted he had neglected to tell the nursing staff that he had inserted the sponge and that he should have removed it.

Patient's claim The physician was negligent for failing to remove the sponge.

Doctor's defense There was no negligence.

Verdict Alabama defense verdict.

Perineal tear follows vacuum extraction

A 27-year-old primigravida experienced an essentially uncomplicated pregnancy during which she was monitored regularly by her ObGyn. When she went into labor and presented at the hospital, she was given an epidural, placed on a fetal monitor, examined regularly, and administered oxytocin. Because of normal progress to complete dilation and effacement, a vaginal delivery appeared likely. After 4.5 hours of second stage labor, a child weighing 8 lb 5 oz was delivered with the aid of a vacuum extractor.

During delivery of the shoulders, the mother suffered a third degree perineal tear extending to the rectal sphincter. This was noted immediately and repaired after completion of the delivery. Before the patient was discharged, she was examined and no problems were found at the site of the repairs.

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The cases in this column are selected by the editors of OBG MANAGEMENT from *Medical Malpractice Verdicts, Settlements & Experts*, with permission of the editor, Lewis Laska, of Nashville, Tenn (www.verdictslaska.com). The available information about the cases presented here is sometimes incomplete; thus, pertinent details of a given situation may be unavailable. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.

At her 1-month postpartum visit, the woman informed her ObGyn of occasional fecal incontinence and was told the problem would probably resolve itself. The symptoms persisted, so she was referred to a colorectal surgeon. Dissatisfied with the surgical repair, the patient sought a second surgery from another physician.

Patient's claim The ObGyn mismanaged the second stage of labor and should have performed a cesarean section rather than used vacuum extraction. Also, the defendant was negligent in the repair of the injury and failed to provide proper follow-up care.

Doctor's defense There was no negligence. Both the delivery and repair of the tear were performed properly.

Verdict Georgia defense verdict.

During nerve ablation, ureter is damaged

A 39-year-old woman was being treated for low libido, painful intercourse, and heavy, painful menses. When conservative treatment failed to relieve the symptoms, the patient agreed to laparoscopy as recommended by her physician. Ablation of the uterosacral nerve was performed, because the physician believed it to be causing or contributing to the symptoms. The patient's ureter was damaged and required repair surgery.

Patient's claim There was lack of informed consent, and the physician was negligent for injuring the ureter.

Doctor's defense There was no negligence.

Verdict California defense verdict. ■

PERINEAL TEARS
How to repair

For an expert review of the repair of obstetric perineal tears, see this issue's cover article on page 56

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